120000065132

(Re	questor's Name)	
(Ad	dress)	
, .	,	
(Ad	dress)	
(Cit	y/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
_		_
(Bu	siness Entity Nam	e)
(Do	cument Number)	
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Certified Copies	_ Certificates	of Status
Special Instructions to		
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SECRETARY OF STATE

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COVER LETTER

 TO_{i}

Registration Section Division of Corporations

Tallahassee, FL 32314

Addition o	of a Managing Member				
SUBJECT:	Name of Lin	nited Liability Company			
The enclosed Articles of	[Amendment and fee(s) are sub	omitted for tiling.			
Please return all corresp	ondence concerning this matter	to the following:			
	Jason Lang				
		Name of Person		-	
	Homeowners First Choice	. LLC			
		Firm/Company		202 SE	
	600 N. Willow Ave. Suite	201		2021 MAR 26 SECRETAR TALLAH	
		Address		R 28	graduit ED company (
	Tampa, FL. 33606			J	11
	jason@hfcrooting.com	City/State and Zip Code		PM 2:53 OF STATE SSELL FL	O
	E-mail address:	to be used for future annual report noti-	fication)	μ, ω	
Fet further information (concerning this matter, please o	all:			
Jason Lang		813 3806619			
Name (of Person		e Telephone Number	<u> </u>	
Enclosed is a check for t	he following amount:				
□ \$25,00 Filing Fee	S30.00 Filing Fee & Certificate of Statu.	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certitied	ite of Stribulst	
Mailing Addre Registration Division of C P.O. Box 632	Section Corporations	Street Address: Registration Sec Division of Con The Centre of T	porations		

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303



February 13, 2021

JASON LANG 600 N. WILLOW AVE STE. 201 TAMPA, FL 33606

SUBJECT: HOMEOWNERS FIRST CHOICE, LLC

Ref. Number: L20000065132

We have received your document for HOMEOWNERS FIRST CHOICE, LLC and your check(s) totaling \$60.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

The document is illegible and not acceptable for imaging.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Irene Albritton Regulatory Specialist II

Letter Number: 821A00003247

De man

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Homeowners First Choice, LLC		DZI HAR TOLLL
	Liebiles C	20 ::::::
(A	Liability Company as it now appears on our records.) Florida Limited Liability Company)	三元 8
The Articles of Organization for this Limited Liab Florida document number L20000065132	bility Company were filed on 2/27/2020	ASSET And assigned
This amendment is submitted to amend the follow	- "- 	53 7/1E
A. If amending name, enter the new name of th	ne limited liability company here:	
~ _		
The new name must be distinguishable and contain the word	s "Limited Liability Company" the	
12	or the designation "LLC" or the	e abbreviation "L.L.C."
Enter new principal offices address, if applicable	e:	
(Principal office address MUST BE A STREET A	DDDEGO	·
A STREET A	DDRESS)	
Fator now matters 11		
Enter new mailing address, if applicable:		
(Muiling address MAY BE A POST OFFICE BOX	Y)	
	<u> </u>	
		 .
B. If amending the registered agent and/or regist	ered office address	
B. If amending the registered agent and/or regist agent and/or the new registered office address he	records, enter the na	me of the new registered
	-	
Name of New Registered Agent:		
		
New Registered Office Address:		
	Enter Florida street address	
	0 II. maa e 33	
	, Florida	
No. o	City	Zip Code
New Registered Agent's Signature, if changing Registe	ered Agent:	

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

. If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

Title	<u>Name</u>	Address	Type of Action
MGR	Shannon Hoeckle	2373 Donovan Rd	
		Englewood, FL. 34223	———— □Add
			□Remove
			———— □Change
			————□Add
			□Remove
			——— □Change
		————□Add	
		———— □Remove	
			———— □Add
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			□Change
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			□Change

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Hectiv Inn effe	tive date, if other than the date of filing:
<u>Vote: 1</u>	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as not's effective date on the Department of State's records.
C/C GIAC	at sometime date on the Department of State's records.
record	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of; (b) The 90th day after the
t is file	d.
,	24.7/2020
ated _	2/17/2020
	() man Rouge
	Signature of a member or authorized representative of a member
	The state of the s
	/ /

Filing Fee: \$25.00